DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/14/2014 FORM APPROVED OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | (X3) DATE SURVEY COMPLETED | | |
|---|--|--|--|-------------------------------------|---|-----|----------------------------|
| | | 155781 | B. WING | | | R-C | |
| NAME OF PROVIDER OR SUPPLIER | | | D: Wiito | | STREET ADDRESS, CITY, STATE, ZIP CODE | 01/ | 13/2014 |
| MORNINGCREST NURSING AND MEMORY CARE CENTER | | | | 915 S 27 ST SOUTH BEND, IN 46615 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | PREFIX (EACH CORRECTIVE ACTION SHOULD | | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY) | | (X5) COMPLETION DATE |
| {F 000} | INITIAL COMMENTS | | {F 00 | | | | |
| | Paper Compliance to Complaint #IN001356 10, 2013. | o the Investigation of 601 completed on December | | | | | |
| | Review Date: January 13, 2014 | | | | | | |
| | Facility Number: 012 ² Provider Number: 15 ³ AIM Number: 200989 | 5781 | | | | | |
| | Surveyor: Brenda Me | redith, R.N. | | | | | |
| | was found to be in co 483, Subpart B and 4 | and Memory Care Center impliance with 42 CFR Part 10 IAC 16.2, in regard to the eview to the Complaint | | | | | |
| | | | | | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.